

## DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below adjacent to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of subject matter (process, machine, manufacture, or composition of matter, or an improvement thereof) that is disclosed and/or claimed and for which a patent is solicited by way of the application entitled

**METHOD AND APPARATUS FOR DETERMINING POWER DISSIPATION**

which (check)

- ☒ is attached hereto.  
☐ and is amended by the Preliminary Amendment attached thereto.  
☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_.  
☐ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, including portions amended by any amendment referred to above.

COPY TO BE FILED WITH APPLICATION I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

COPY TO BE FILED WITH APPLICATION I hereby claim foreign priority benefits under title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
			Yes	No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)		
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)		

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below

_____ (Application Number(s))	_____ (Filing Date (MM/DD/YYYY))
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I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as any subject matter of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status-patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status-patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected herewith:

Keith A. Chanroo (36,480), Edel M. Young (32,451), Lois D. Cartier (40,941), and H. C. Chan (35,477) all located at Xilinx, Inc., 2100 Logic Drive, San Jose, California 95124; and

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Lester Sanders

Inventor's signature Lester Sanders Date January 17, 2001

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Full name second inventor N/A

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name third inventor N/A

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name fourth inventor N/A

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

EMY:mom